

**STATE ACTIVE DUTY
PERSONNEL ACTION REQUEST**

1. Action Requested: Appointment Reassignment Promotion
 Pay Rate Change Extension Other Reclassification

2. Requesting Activity: _____

3. Position: _____

a. TO: _____
 Title SAD Grade Position Number

b. FROM: _____
(not required for new appointments) Title SAD Grade Position Number

4. Individual's Name: _____
 Last, First MI

SSN: _____ Federally Recognized Military Grade: _____

Military Unit: _____

5a. Proposed Effective Date: _____ 5b. Period: _____

6. Vice: _____

7. Requesting Official: _____

8. Recommend Approval: _____

9. Position Verified: _____ Date: _____
 State Personnel Office Representative

10. Funds Verified: _____ Date: _____
 Military Department Comptroller Representative

11. Approved: _____ Date: _____
 AG or Representative

Remarks: